

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11		2				
12						
13	1					
14						
15						
16						
17						
18		2				
19						
20	1					
21	1					
22	1					
23		5				
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34						
35	1					
36						
37						
38	1					
39						
40						
41						
42	1					
43		3				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	8					
TOTAL DEP.	91					
TOTAL CLAIMS	99					

54
 45
 99
 12
 4
 48
 16
 54

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						